

**BEST AVAILABLE COPY****PART B—ISSUE FEE TRANSMITTAL**1210-14 &  
30-561

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

**1. CORRESPONDENCE ADDRESS**

POMS, SMITH, LANDE & ROSE  
PROFESSIONAL CORPORATION  
2029 CENTURY PARK EAST  
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LOS ANGELES, CA 90067-3036

15M2/0223

**2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)**

## INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

## CO-INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

 Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/173,187	12/23/93	022	GLASS, M	1501 02/23/95
First Name Applicant	ZHOU,		STEPHEN Q.	

**TITLE OF INVENTION** HIGH REFRACTIVE INDEX SILICONE COMPOSITIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 99234	523-107.000	J15	UTILITY	NO	\$1210.00	05/23/95

**3. Correspondence address change (Complete only if there is a change)**

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 POMS, SMITH, LANDE &amp; ROSE

2 \_\_\_\_\_

3 \_\_\_\_\_

050 MH 06/12/95 08173187

DO NOT USE THIS SPACE

050 MH 06/12/95 08173187

142-1,210.00 CK

1 561 30.00 CK

**5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)**

(1) NAME OF ASSIGNEE KABI PHARMACIA OPHTHALMICS, INC.

(2) ADDRESS: (CITY &amp; STATE OR COUNTRY) Monrovia, California

 This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

5a. The following fees are enclosed:

 Issue Fee  Advance Order - # of Copies 10

5b. The following fees should be charged to:

16-2230

DEPOSIT ACCOUNT NUMBER

(ENCLOSE PART C)

 Issue Fee  Advance Order - # of Copies Any Deficiencies In Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

May-20-95

NOTE: The issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OR MAILING ON REVERSE**